



## Medical Coding and Billing Part 1

Welcome to MC011: Medical Coding and Billing Part 1!

Please read the information in this syllabus before proceeding to the course materials.

**Credits** 1 credit hour

**Prerequisites** None

### INSTRUCTIONAL TEAM

Our Academic Advisors are available to help you when you need it. They are trained to provide answers to your questions about the course or program.

Phone: 1-800-224-7234

Hours: 8:30AM – 8:30PM (Eastern Standard Time), Monday-Friday

### MAIL

James Madison High School  
6625 The Corners Parkway, Suite 500  
Norcross, GA 30092

### TEXTBOOKS

Vines, D., Braceland, A., Rollins, E., & Miller, S. (2018). *Comprehensive Health Insurance: Billing, Coding, and Reimbursement* (3rd ed.). Upper Saddle River, NJ: Pearson.

Papazian-Boyce, Lorraine M. (2016). *Comprehensive Medical Coding: A Path to Success*. Hoboken, NJ: Pearson.

*ICD-10-CM 2018*, Practice Management Information Corp.

*ICD-10-PCS 2018*, Practice Management Information Corp.

*CPT Professional 2018*, Practice Management Information Corp.

### COURSE DESCRIPTION

Students learn the fundamentals of medical billing and coding and are prepared to take the Certified Billing and Coding Specialist (CBCS) exam from the National Healthcareer Association, the Certified Professional Coder (CPC®) exam from the American Academy of Professional Coders (AAPC), and the Certified Coding Associate (CCA®) exam from the American Health Information Management Association (AHIMA). Program topics include medical terminology; insurance plans; medical ethics; HIPAA; diagnostic and procedural coding; coding compliance and auditing; physician and hospital billing; Medicare, Medicaid, and TRICARE. Students receive training on ICD-10-CM/PCS, CPT, and HCPCS code assignment.

**IMPORTANT NOTE:** The exam costs are not covered by JMHS. CBCS and CCA candidates must be High School graduates. Additional requirements such as membership and applications can be found with each certifying agency: [CBCS](#), [CPC®](#), [CCA®](#)



## LEARNING OBJECTIVES

After completing Medical Coding and Billing Part 1, students will be able to:

- Outline the typical responsibilities of a medical biller/coder, describe the personal and professional ethics required for success in this profession, and describe the career opportunities available to appropriately trained personnel
- Describe how to build a strong base of medical terminology and use this terminology to accurately identify and describe body planes, anatomical directions, and the major structures, functions, and pathologies of all body systems
- Describe the purpose and impact of the Health Care Portability and Accountability Act (HIPAA) and explain how professionals can learn about changes to the laws and regulations that affect them
- Compare and contrast the major types of government and commercial insurance health plans, including Medicare, Medicaid, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Point-of-Service (POS) plans
- Accurately assign ICD-10-CM/PCS, CPT, and HCPCS codes for diagnoses, procedures, and medical services as part of the insurance reimbursement process

LESSONS	TOPICS
<b>Lesson 1: Allied Health Careers</b>	Introduction to the basic operations of allied health careers and the legal and ethical issues students may encounter while working in the many different venues available for these fields.
<b>Lesson 2: Medical Terminology</b>	Introduction to basic medical terminology and word formation; identification of the four major word parts of medical terms; building, defining, and analyzing medical terms.
<b>Lesson 3: Body Systems</b>	Discussion of the anatomy and physiology of the major body systems; identification of associated terms, conditions, and abbreviations.
<b>Lesson 4: Disease Processes and Surgical Procedures</b>	An overview of the terminology related to major chronic and infectious diseases as well as surgical treatments for those diseases.
<b>Lesson 5: Introduction to Professional Billing and Coding Careers</b>	An introduction to the different types of facilities that employ allied health personnel; job descriptions pertaining to billing and coding careers; options available for certification.
<b>Lesson 6: Insurance Plans</b>	The history and impact of managed care; the organization of managed care and its effect on the provider, employee, and policyholder; patient financial responsibility; types of managed care plans and insurance coverage.
<b>Lesson 7: Medical Contracts, Ethics, and HIPAA</b>	Key elements of managed care contracts; covered services for patients, including preventive medical services and office visits; protected health information; patient information disclosure; HIPAA security standards and regulations compliance; HITECH and EHRs.
<b>Lesson 8:</b>	Similarities and differences between ICD-9 and ICD-10 codes; differences



<b>Understanding ICD-10-CM Coding</b>	between a crosswalk and mapping; general ICD-10 coding guidelines; new features in ICD-10-PCS.
<b>Lesson 9: Understanding ICD-10-PCS Coding</b>	Guidelines for procedural coding within the hospital setting; comparison to ICD-9-CM Volume 3; an explanation of the analysis, assignment, and sequencing of ICD-10-PCS codes.
<b>Lesson 10: CPT and Place-of-Service Coding; Coding Procedures and Services</b>	History of CPT; evaluation and management (E/M) services and code assignment; CPT categories; modifiers and add-ons; using the CPT index; code ranges and conventions.
<b>Lesson 11: HCPCS and Coding Compliance</b>	Two levels of HCPCS Coding; modifiers; interpreting and identifying correct code linkages; reviewing codes for accuracy; federal laws, regulations, and penalties pertaining to coding compliance; the National Correct Coding Initiative; medical ethics for coders.
<b>Lesson 12: Auditing</b>	Implementing a coding audit; reviewing and analyzing medical records; content and documentation requirements.
<b>Lesson 13: Physician Medical Billing</b>	Completing medical claim forms accurately, both manually and electronically; defining claim form parts, sections, and required information; the CMS-1500 claim form; reasons why claim forms are delayed or rejected; filing a secondary claim.
<b>Lesson 14: Hospital Medical Billing</b>	The hospital inpatient billing process; submitting accurate and timely hospital claims and practicing good follow-up and collection techniques; differentiating between inpatient and outpatient services; the UB-04 (CMS-1450) hospital billing claim form.
<b>Lesson 15: Medicare</b>	Government billing guidelines; determining the amount due from a patient for a participating provider; Medicare fee schedules; completing accurate Medicare forms; identifying types of Medicare fraud and abuse.
<b>Lesson 16: Medicaid and TRICARE</b>	Requirements for qualifying to receive Medicaid benefits; determining the schedule of benefits a Medicaid recipient will receive; verifying Medicaid benefits; submitting a Medicaid claim and deciphering claim status; determining TRICARE eligibility; types of benefits available to veterans and their families; submitting claims to TRICARE using the CMS-1500 and UB-04 forms.

## GRADING

The following point totals correspond to the following grades:

<b>POINTS</b>	<b>GRADE</b>
100-90	A
89-80	B
79-70	C
65-69	D



Below 65 F

James Madison High School allows 2 attempts on exams. If a student is not satisfied with his/her score on the 1st attempt, an exam may be resubmitted. The 2nd attempt is not required as long as the final course average is above 65%. The higher of the 2 attempts will be the score that counts towards the final average.

Exams are timed and once you begin an exam, the timer runs continuously, even if you leave the course. Refer to the exam instructions for the time limit (in most cases 3 hours), but the time limit cannot be spread over multiple days.

## GRADE WEIGHT

TOPIC	ACTIVITY	PERCENTAGE
Lesson 1: Allied Health Careers	MC Quiz	6.6%
Lesson 2: Medical Terminology	MC Quiz	6.6%
Lesson 3: Body Systems	MC Quiz	6.6%
Lesson 4: Disease Processes and Surgical Procedures	MC Quiz	6.6%
Lesson 5: Introduction to Professional Billing and Coding Careers	MC Quiz	6.6%
Lesson 6: Insurance Plans	MC Quiz	6.6%
Lesson 7: Medical Contracts, Ethics, and HIPAA	MC Quiz	6.7%
Lesson 8: Understanding ICD-10-CM Coding	MC Quiz	6.7%
Lesson 9: Understanding ICD-10-PCS Coding	MC Quiz	6.7%
Lesson 10: CPT and Place-of-Service Coding; Coding Procedures and Services	MC Quiz	6.7%
Lesson 11: HCPCS and Coding Compliance	MC Quiz	6.7%
Lesson 12: Auditing	MC Quiz	6.7%
Lesson 13: Physician Medical Billing	MC Quiz	6.7%
Lesson 14: Hospital Medical Billing	MC Quiz	6.7%
Lesson 15: Medicare / Lesson 16: Medicaid and TRICARE	MC Quiz	6.7%



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## **ACADEMIC AND COURSE POLICIES**

Please see the Academic Policies section in the James Madison High School Catalog for information on Course policies, including the Exam/Assignment Retake Policy, Grading Policy, Academic Honesty Policy, and Student Conduct Policy.

